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**MAR 02 2005**

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March 2, 2005

**TO: Examiner Holleran (TC1600)**

**GROUP: 1642**

**FAX NUMBER: 703-872-9306**

**ATTORNEY DOCKET NO.: DEX-0180**

**SERIAL NO.: 09/806,302**

**FILED: July 19, 2001**

**NUMBER OF PAGE: 8**

**MESSAGE:** Attached please find Amendment Transmittal Letter; Reply under 37 CFR 1.111 mailed December 2, 2004; and Certificate of Transmission by Facsimile.

**Kathleen A. Tyrrell, Registration No. 38,350**


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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>DEX-0180</b>	
Applicant(s): <b>Roberto Am Macina</b>					
Application No. <b>09/806,302</b>	Filing Date <b>July 19, 2001</b>	Examiner <b>Holleran, Anne L.</b>	Customer No. <b>32800</b>	Group Art Unit <b>1642</b>	Confirmation No. <b>6964</b>
Invention: <b>A Novel Method of Diagnosing, Monitoring, Staging, Imaging and Treating Gynecologic Cancers</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	12 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-1619</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Signature <b>Kathleen A. Tyrrell, Reg. No. 38,350</b>			Dated: <b>March 2, 2005</b>		
<b>Licata &amp; Tyrrell P.C.</b> <b>66 East Main Street</b> <b>Marlton, New Jersey 08053</b> <b>Tel : 856-810-1515</b> <b>Fax: 856-810-1454</b>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		
CC:					

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: DEX-0180  
Inventors: Roberto A. Macina  
Serial No.: 09/806,302  
Filing Date: July 19, 2001  
Examiner: Holleran, Anne L.  
Customer No.: 32800  
Group Art Unit: 1642  
Confirmation No.: 6964  
Title: A Novel Method of Diagnosing,  
Monitoring, Staging, Imaging and  
Treating Gynecologic Cancers

## Certificate of Facsimile Transmission

I hereby certify that this paper is being facsimile  
transmitted to the Patent and Trademark Office on  
the date shown below.

On March 2, 2005

  
Kathleen A. Tyrrell Registration No. 38,350

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Reply under 37 C.F.R. 1.111

This is a reply to the Office Action mailed December 2,  
2004 setting a three (3) month statutory period for  
response. Please enter the following remarks and amendments  
into the record.

Remarks begin on page 2.